

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         | BT       | 6960   | 5/2/00 |
| O.I.P.E. CLASSIFIER       |          | 12     | 5/25   |
| FORMALITY REVIEW          | ERW      | 70622  | 7-1-00 |
| RESPONSE FORMALITY REVIEW |          |        |        |
|                           |          |        |        |

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral) ... Canceled    A ..... Appeal  
+ ..... Restricted                      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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